

# Exhibit C



U.S. Department of Justice

Federal Bureau of Prisons

*Northeast Regional Office*

U.S. Custom House - 7th Floor  
2nd & Chestnut Streets  
Philadelphia, PA. 19106

December 17, 2003

Tony Coster, Register No. 31805-060  
Federal Medical Center - Rochester  
P.O. Box 4000  
Rochester, MN 55904-4000

Re: Administrative Tort Claim Dated November 14, 2003  
Claim No. TRT-NER-2004-00857

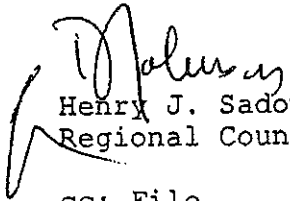
Dear Mr. Coster:

This will acknowledge receipt on December 8, 2003, of your administrative tort claim for alleged personal injury suffered at FCI McKean.

Under the provisions of the Federal Tort Claims Act, 28 U.S.C. 2675, we have six months from the date of receipt to review, consider, and adjudicate your claim. Accordingly, you may expect to hear from us on or before June 5, 2004.

All correspondence regarding this claim should be addressed to me at: Federal Bureau of Prisons, Northeast Regional Office, Room 801, US Custom House, 2nd & Chestnut Street, Philadelphia, Pennsylvania 19106. If you have any questions about the status of your claim or if the circumstances surrounding this claim change in any fashion, you should contact me immediately. Also, should your address change, you should advise me accordingly.

Sincerely,

  
Henry J. Sadowski  
Regional Counsel

cc: File

EX "J"

TRT-NER-2004-00857

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>	<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.	<b>FORM APPROVED</b> OMB NO. 1105-0008
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1. Submit To Appropriate Federal Agency Bureau of Prisons U.S. Customs 7th Fl Pennsylvania, PA 19106	2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and ZIP Code) Tony Coster Fed. Reg. No. 31805-060 Federal Medical Center PMB 4000, Rochester, MN 55903-4000
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3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN none	4. DATE OF BIRTH 12/23/55	5. MARITAL STATUS single	6. DATE AND DAY OF ACCIDENT until march 2003	7. TIME (A.M. OR P.M.) n/a
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8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

Negligence in diagnosing cancer when I complained for three years about the pain I was experiencing.

9. <b>PROPERTY DAMAGE</b> NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code) n/a
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BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED.  
(See instructions on the reverse side.)

Cancer progressed from a small lump in my groin to a large tumor the size of a grapefruit before treatment. Condition now terminal.


10. <b>PERSONAL INJURY/WRONGFUL DEATH</b> STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.
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See above. Also, note the government employees involved in the negligence: John J. LaManna, Warden, FCI-McKean; Cindy Billisits A.W., McKean; Dennis Olson, M.D., McKean; Herbert Beam, M.D., Garcia Fairbanks, M.L.P., and Bonnie Say McKean.

11. <b>WITNESSES</b>
NAME ADDRESS (Number, street, city, State, and ZIP Code)
none

12. (See instructions on reverse)	AMOUNT OF CLAIM (in dollars)		
12a. PROPERTY DAMAGE -0-	12b. PERSONAL INJURY \$6,000,000.00	12c. WRONGFUL DEATH -0- (premature)	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$6,000,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 	13b. Phone Number of signatory n/a	14. DATE OF CLAIM November 14, 2003
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)

Previous editions not usable.

PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2